NOTE: PEG / PEG/J insertion is usually performed after an airway has been secured via a percutaneous tracheostomy or as a separate procedure for enteral access for nutrition support.

PREPARATION:
1. **Refer to Bedside Surgery Protocol for Pre-Procedure Check List!!!**
2. Tube feedings are recommended to be held four hours prior to the procedure.
3. Medication pack: (may have already been administered for the perc. trach)
   A. Pre-procedure Abx.
      1. Ancef 1 gm IV 30 mins. prior to procedure (Levaquin 500 IV if PCN Allergy).
      2. If on Antibiotics – no further treatment necessary.
   B. Procedure Medications
      - Fentanyl 500 mcg
      - Vecuronium 20 mg
      - Versed 10 mg
      - Diprivan 50 cc vial

   NOTE: The ventilator must be adjusted appropriately when paralytics are administered, usually a rate of 12 and an FiO₂ of 100%.

The patient should be sedated with Versed / Diprivan and Fentanyl, followed by Vecuronium inducing a general anesthesia.

4. Equipment:

   Trauma cart, obtained from the OR/CORE, to include:
   - Sterile towels, snare wire, syringes, mouth piece, suture, gowns, gloves endoscope, betadine solution, PEG kit, water bottle.
   - If Planning PEG/J T-fasteners are required.

PROCEDURE:
1. PEG or PEG/J is placed endoscopically.
2. The tube is placed to straight drain for 24 hours (per VUMC Protocol)
3. After MD clearance of patient, feedings may be instituted.
4. J-tube feeds via a PEG/J tube maybe started after 4 hours post procedure with physician approval.